

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/133,960	08/14/98	348	2711	Y0998-195-(7)

APPLICANT

RAJIV V. JOSHI, YORKTOWN HEIGHTS, NY; SUCHITRA R. JOSHI,
YORKTOWN HEIGHTS, NY.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED

FOREIGN FILING LICENSE GRANTED 08/28/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Initials _____	Initials _____				

ADDRESS

FRANK CHAU
 BILWORTH & BARRESE 1900 Hempstead Turnpike
 333 Earle Ovington Boulevard Suite 501
 UNIONDALE NY 11553 East Meadow NY 11554

TITLE

WIRELESS INFORMATION TRANSFER AND INTERACTIVE TELEVISION SYSTEM

FILING FEE RECEIVED \$1,318	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
www.uspto.gov

BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 7273

SERIAL NUMBER 09/133,960	FILING DATE 08/14/1998 RULE	CLASS 725	GROUP ART UNIT 2611	ATTORNEY DOCKET NO. YO998-195-(7)
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APPLICANTS

RAJIV V. JOSHI, YORKTOWN HEIGHTS, NY;
 SUCHITRA R. JOSHI, YORKTOWN HEIGHTS, NY;

*D. T*** CONTINUING DATA *None**D. T*** FOREIGN APPLICATIONS *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/28/1998

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>S. J.</i>	Examiner's Signature	Initials		

ADDRESS

FRANK CHAU
 1900 HEMPSTEAD TURNPIKE
 SUITE 501
 EAST MEADOW, NY
 11554

TITLE

WIRELESS INFORMATION TRANSFER AND INTERACTIVE TELEVISION SYSTEM

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
RECEIVED 1318		